



Mail To:
Account Management Fuel Unit
Florida Department of Revenue
PO Box 5500
Tallahassee FL 32314-5500

Assignment of Time Deposit

DR-157A
R. 01/26
Rule 12B-5.150, F.A.C.
Effective 01/26

Please complete and submit an original form for each fuel product type or taxable pollutant. This form must be executed by the financial institution which holds the assigned time deposit. To obtain a fuel license, the required security must be submitted to the Department. An importer's bond is required in addition to a wholesaler's bond pursuant to Rule 12B-5.030, F.A.C. For additional information, contact Taxpayer Services at 850-488-6800 or email **motor_fuel@floridarevenue.com**.

For value received, _____ as assignor, assigns to the
(Name of applicant)
Florida Department of Revenue as assignee all of its rights, titles, and interest in and to the principal sum of the certificate
of deposit, certificate number _____, issued to the undersigned for a time
period of _____ months by _____
(Financial institution name)
located at _____ as Depository
(Financial institution address)

(Financial institution FEIN)

Interest or dividends on such principal sum are credited and paid monthly to the assignor. This assignment includes any substitutions, renewals, and additions to the account.

This assignment is made as security in lieu of the bond required by Chapter 206, Florida Statutes, on fuel taxes payable to the Florida Department of Revenue and are in force until released and discharged by the assignee, as provided by law. The assignor is engaged in business subject to the Florida Statute identified below: (Check the appropriate box.)

- ☐ Motor fuel pursuant to Chapter 206, F.S. ☐ Importer's bond pursuant to section 206.051, F.S.
☐ Diesel fuel pursuant to Chapter 206, F.S. ☐ Pollutants tax pursuant to Chapter 206, F.S.

Assignee is hereby authorized to charge against the above principal of time deposit account any and all fuel taxes which have been or may be incurred after _____ together with any and all penalties and interest thereon.
(Day/Month/Year)

Assignee may not by any inference or right charge against this time deposit account any tax, penalty, interest, or any other charge pertaining to the assignor's operations prior to _____.
(Day/Month/Year)

Depository must pay the full principal amount to the assignee upon demand and such payment constitutes an acquittance of depository. The depository will not pay any portion of the principal balance to the assignor until all obligations under Chapter 206, F.S., have been met and verified in writing by the assignee.

This *Assignment of Time Deposit* will be effective as of the _____ day of _____, _____.
(Month) (Year)

Signed by: _____
(Authorized signature of assignor)

Imprint Corporate Seal here:

Date: _____

Title: _____

Acknowledgement of Depository: The signatures as shown above compare correctly with our files. The above assignment will be honored and has been properly recorded on our ledger. The present balance is \$ _____.

(Officer signature)

(Date)

For Department of Revenue Use Only

Accepted: _____ By: _____ Account No.: _____
(Date) (Name/Title)